



Metal Lab



NABL Accreditation Certificate No : T - 2387

An ISO 9001 - 2008 Certified Organization

New No.4, Old No.128/3, IInd Floor, East Vannier Street, West K.K.Nagar, Chennai-600 078.
Ph :044 - 43072173 Cell: 093810 48884 /093845 77677 E-mail : metallabchennai@yahoo.co.in
Website : www.metallab.in

Application Form / File No.: _____

Certificate No.: _____

APPLICATION FOR NDT CERTIFICATION

(Please fill the Application form in Capital letters or by Typing)

Name :

Age & Date of Birth :

Permanent Address :

Affix
Passport
Size
Photo
Here

Present Office Address :

Address for correspondence :

Email for Communication :

Phone No. :

I hereby request that I may be permitted to take the examination(s) necessary as part of the requirements for certification in NDT Level I/II in * *Radiography /Ultrasonic/ Magnetic Particle/ Liquid Penetrant Testing / leak testing/ visual testing /* UT of TKY Joints/Radiographic Film Interpretation /Ultrasonic Thickness Gauging / Phased Array Ultrasonic Testing (PAUT)/Time of Flight Diffraction (TOFD) *methods*. I enclose the examination fee of Rs.....(in words).....

.....
by Cheque/ D.D.No.....dated.....I will abide by the regulations set by the SIS for these examinations.

(* Strike out whichever is not applicable)

Place:

Date :

Signature of the Applicant

EDUCATIONAL QUALIFICATIONS (USE ADDITIONAL SHEETS WHEREVER REQUIRED)**SCHOOL EDUCATION (Give details of highest examination passed)**

Sl.No	School	Examination passed	Year
1.			
2.			

COLLEGE EDUCATION

Sl.No	College / University	Course Studied	Exam. passed	Year
1.				
2.				
3.				

NDT TRAINING COURSES ATTENDED

Sl.No	Course	Conducted by	Dates	Duration in hours
1.				
2.				

Note: Please attach attested Certificate Xerox Copies for the examination Passed/Courses attended
NDT CERTIFICATIONS OBTAINED

NDT TRAINING COURSES ATTENDED

Sl.No	Method	Level	Date of certificate	Issued by
1.				
2.				
3.				
4.				

WORK EXPERIENCE SUMMARY

Sl.No	Employers Name & Address	Position	FROM	TO	Duration year /Month	Job Description (Specify also the NDT Methods used)

Note: Experience may be gained simultaneously in two or more methods of NDT. Applicant must have spent at least 25% of the work time on the method for which examination is being taken.

PRESENT EMPLOYMENT:

Name & Address of the Employer :

Present Position :

Job Description :

NDT Equipment Used :

Nature of Jobs Tested :

I hereby certify that all the facts given with reference to my educational qualifications, NDT courses attended and to my work experience are true to the best of my knowledge and belief and that I have not withheld any information which might be detrimental.

Date:

Signature of the Applicant

It is certified that the information given by the applicant with reference to his present work experience is correct.

Date:

**Signature of the Present
Employer with Designation
with Official seal.**

1) Scope

Those certification programmes are run by “METAL LAB” to evaluate and certify the technical competence of the personnel engaged in Non Destructive Inspection.

2) Education & Experience

Personnel considered for certification shall have sufficient education and experience to ensure understanding of the principle and procedures of those areas NDT methods in which they are being considered for certification. To be considered for certification, as NDT level II a candidate should satisfy the requirements indicated separately for various NDT methods.

3) The examination will consist of general (written), specific (written) and practical.

The general (written) examination will consist of questions related to the basic principles of the applicable method. The specific (written) examination will include the equipment operating procedures, test, techniques and also the coda requirements.

The practical examination will be such that the candidate is to demonstrate his proficiency in performing the applicable non-destructive tests and interpreting and evaluating the results.

4) Re-examination

If applicant fails to pass the examination, he may be re-examined upon the submission of a fresh application with the requisite examination fee, but not before one month of the examination.

5) Additional Information

- i) The certificate is issued only as recognition of the technical competence of the individual and does not bind the SIS for any liability arising out of the activities of the certified individuals.
- ii) METAL LAB reserves the right to alter the rules and regulations for the examinations in accordance with the improved practice that may be accruing in future.

EYE FITNESS EXAMINATION

Vision Requirements

Vision examination shall be administered by an ophthalmologist. The visual examination date must be within 12 months of the date that this form is signed. The form below may be used to document this requirement.

Near distance vision:

Must have visual acuity in at least one eye capable of reading the Jaeger J2 test chart, or equivalent, at a distance of not less than 30.5cm (12in.)

Color Vision:

Must be able to differentiate between the colors used in the NDT methods in which certification is sought.

ATTESTATION OF VISUAL ACUITY

Name of the candidate :

Date of eye exam :

I attest that I administered a near distance examination on the candidate named above, and that the candidate has natural or corrected near distance acuity in at least one eye capable of reading the Jaeger Number 2 test chart or equivalent at a distance of not less than 30.5cm(12in.)

I attest that I administered a color perception examination on the candidate named above, and that the candidate has:

No Color Perception Deficiency Color Perception Deficiency (Specify) _____

Signature of Eye Examiner with seal

Date:

METHODS OF PAYMENT

Full payment must accompany this booking form. Bookings received without payment will be treated as provisional, which does not guarantee a place.

Cheque Bank Draft Cash

made payable to ***Metal Lab*** New .No.4, Old No. 128/3, East Vannier Street, IInd Floor, West K.K.Nagar, Chennai - 600078. Tamil Nadu , India.

Essential Documentation for Examinations

Please tick each applicable box and sign the declaration below.

Please note that your enrolment cannot be processed without the following data:

General documentation required from everyone

1. Payment
2. Training record
3. Two passport photos with your name
clearly printed on the back
(Please do not staple to form)
4. Vision Certificate

I have read the listing and include all the requested information

I understand that any false statement may result in the examination being invalidated

Signature